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## TABLE OF CONTENTS

### FINAL REPORT

Table of Contents	i
Map of Project Area	ii
Personnel	iii
I. <del>INTRODUCTION</del> RURAL STUDENT HEALTH COALITION	1
II. DESCRIPTION OF THE COMMUNITIES COMMUNITY OUTREACH IV AND THE NEED	6
III. HEALTH FAIR, COMMUNITY WORKERS, SPECIAL PROJECT June 1, 1972--May 31, 1973	18
IV. THE COMMUNITIES AFTER THE HEALTH FAIR	50
V. SUMMARY	61
VI. EVALUATIONS BY STUDENTS	65

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Nashville, Tennessee

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FINAL REPORT

RURAL STUDENT HEALTH COALITION

COMMUNITY OUTREACH IV

June 1, 1975--May 31, 1973

VANDERBILT UNIVERSITY

Nashville, Tennessee

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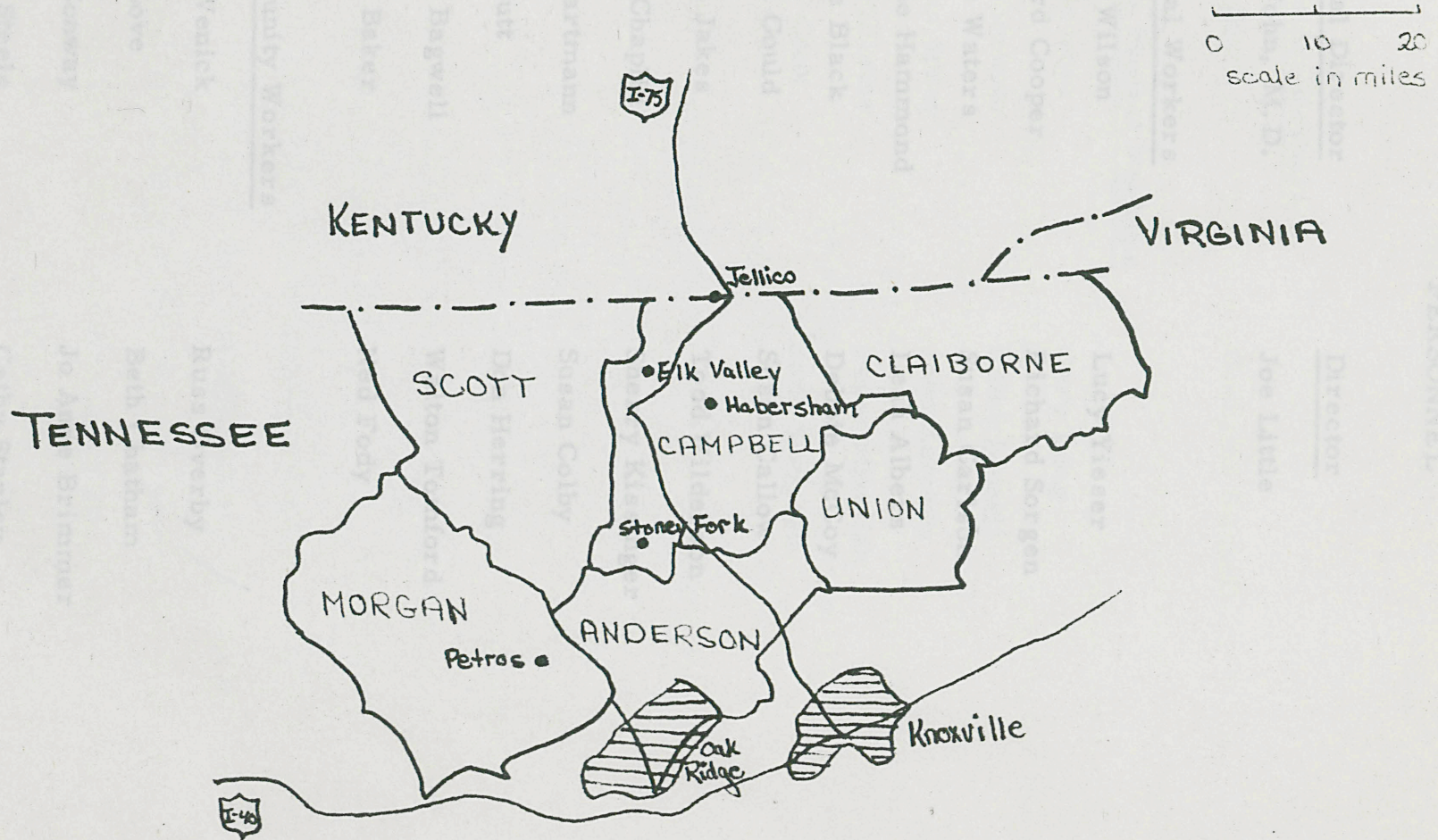
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Nashville, Tn. 37202

## TABLE OF CONTENTS

Table of Contents	i
Map of Project Area	ii
Personnel	iii
I. INTRODUCTION	1
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# MAP OF PROJECT AREA



## PERSONNEL

### Medical Director

Tom John, M.D.

### Director

Joe Little

### Medical Workers

Carol Wilson

Lucy Yieser

Richard Cooper

Richard Sorgen

Elaine Waters

Susan Carlson

Rosalie Hammond

Leah Albers

Debbie Black

Debbie McCoy

Wanda Gould

Susan Callow

James Jakes

Todd Wilderson

Mark Chaplin

Sherry Kissinger

Bob Hartmann

Susan Colby

Phil Dutt

Don Herring

Nancy Bagwell

Walton Tomford

Peggy Baker

Ned Fody

### Community Workers

Irwin Venick

Russ Overby

Cliff Love

Beth Chatham

John Conway

Jo Anne Brimmer

Perry Steele

Cathy Stanley

## Personnel (con't.)

### Community Workers

David Cox

Georgine Russell

### Special Project Workers

John Gaventa

Gary Lang

Mike Ridenour

Kathy Newell

Velmoet Sprey

John Kennedy

John Williams

Peter Mikuliak

Heleny Cook

Jane Sampson

## I. INTRODUCTION

Mrs. Carmichael, housewife and mother, stood up at the meeting and said, "We have all worked hard this summer to bring the Health Fair here. I think we ought to take advantage of our hard work and start right now to make some changes in our health care situation. There isn't any reason why we can't do what other communities have done —form a health council, make some plans, raise some money, and maybe even build a clinic of our own." The meeting was called in August 1972 to signal the end of the Rural Student Health Coalition summer project for that year. But it is just the beginning for the community.

From May 1972 to June 1973, the Rural Student Health Coalition operated Health Fairs and provided community development assistance in upper East Tennessee. The Coalition worked with local groups in the communities of Habersham, Elk Valley, Petros, and Stoney Fork. The primary work of the project took place during the summer months. During that time, students brought the Health Fair into a community. At the end of the summer, when the students must return to school, the responsibility

for the continuation of the project rests with the local citizens. But the students are not completely absent for the rest of the year. Many of them continue to work with community leaders on specific objectives, making frequent trips back to the mountains on weekends. In many ways the students continue to serve as a resource, willing and able to assist in whatever way the community feels is important. The objective is to develop sufficient interest within the community so that it will organize itself and focus on its needs with a view toward finding long term solutions. The Coalition acts as a catalyst, providing support in terms of manpower and, possibly, dollars. The Coalition also has some measure of "previous experience" upon which it can draw. Health Fairs travelled to other communities in the same area over the past four summers, and several of those communities were able to establish viable clinics. The Coalition was able to learn from that experience and apply it in other areas.

We hope the reader will gain insight through this report into the unique partnership between students and community. This interrelationship has become the cornerstone of the Coalition's philosophy; and, probably more than any other single element, it has been the secret of the project's success over the past

several years. The Coalition does not work through any other public or private agencies; it works directly with the community. Indeed, one of the objectives of the project is to assure that the community will eventually be in a position to deal by itself with the agencies under whose jurisdiction it falls.

The Health Fair is the basis for arousing community spirit and determination. At the Health Fair, students provide free multi-phasic screening for the local residents. They take medical histories, perform physical examinations, do laboratory tests, and provide for immunizations as required. But more than that, the Health Fair serves to focus attention on a particular issue, health, and it develops the awareness of the community about that issue. "Health" is broadly defined to mean not only freedom from disease, but also the general well-being of an individual: social, political, economic, environmental and psychological. Health care is the basis on which to better all aspects of community life.

Preparations for the Health Fair involve both community people and students. Working together toward the same goal fosters a relationship of mutual trust and respect. Students

are integrated into the community so that cultural and educational differences are minimized. The students, however, must remain sensitive to the fact that it is the community which should be making the decisions and determining the direction its programs will take. Really, it is the community which is sponsoring the Health Fair. It is safe to say that no substantive development or change could occur in the community if this feeling of responsibility were missing. As the citizens look more closely at their community problems, the feeling of responsibility grows. The students can help to pinpoint problem areas, gather information on what others have been able to do about the same kinds of problems, and help the citizens to develop objectives aimed toward the solution of their problems. The community recognizes that the students, after all, will leave; the local citizens will stay. It is their community; it is their opportunity; it is their responsibility.

Measuring the effectiveness and success of this kind of program is difficult. It must be done on a number of different levels. The following questions can be posed in an effort to determine the effectiveness of the project:

1. Was there long term improvement in the general medical situation as a result of community organization?

2. Has the ability of local citizens to control their environment changed? Did they develop a sense of community? If they had no voice in decisions made by public and private agencies about their problems, do they have an effective voice now?
3. Were there changes in the students as a result of their experience? Has it affected their career goals? Did they become interested in rural or other resource-poor areas? How did this experience affect their attitudes toward undergraduate, graduate and professional education?
4. Was the experience educational for the students in terms of developing their skills and capabilities?
5. Were jobs created for local people?
6. Was money brought into the community?
7. Has there been a measurable effect on the universities involved to respond to the community's request for resources?

These questions should be kept in mind while reading this report. The success of the project should be measured by qualitative rather than by quantitative factors.

## II. DESCRIPTION OF THE COMMUNITIES AND THE NEED

All of the communities visited by the Health Fair in 1972 were located in Campbell and Morgan Counties in upper East Tennessee, north and northwest of Knoxville. The mountainous terrain, with its cultural and demographic effects, and the independent nature of the people there are the most important factors contributing to the isolation and rural nature of these communities. Most of the houses hug the few roads in the area. Often, the only clue that you have entered a community is the fact that the houses are bunched closer together than they were a half-mile back.

As in other areas of Appalachia, these communities have undergone tremendous change over the past several generations. When deep mining flourished, there were jobs. The area, though poor, enjoyed economic stability. Families stayed together, the children never moving far from home to rear their own families.

The people have always been self-sufficient and fiercely independent. They have deep distrust for outsiders; they never really needed them. All the supplies and services that were

necessary, were somewhere nearby, and even though the terrain was rugged, most people had large gardens to provide for their families.

All of this gradually changed. Two factors contributed significantly to the weakening of the economic and social fabric of the area: 1) changes in land and mineral ownership and 2) the closing of the deep mines. Seemingly unconnected factors, they grew together with time until they affected every aspect of a mountain man's life, including his good health and the quality of his life.

Around the turn of the Century, large corporations began to buy up land; or, without buying the land itself, they would buy only the mineral rights. The people were given what to them was a large sum of cash in exchange for their land or mineral rights, and they were told in both cases that they could still live on the land as though nothing had happened.

The second factor involved the deep mines. New machines put many miners out of work. Mechanization certainly was not unique to mining; other areas of the South and the nation were

becoming industrialized. But the effects were more dramatic in the South. At this point, the agricultural, mining and textile businesses of the South were being mechanized, but new manufacturing businesses were springing up in the North, not in the South. So, as the men were laid off from the mines, there were no other jobs for them in the area, and they moved north to Cincinnati, Cleveland, Chicago and Detroit, adding to the problems there. It was usually the young people and their families who left. And they never came back. They reared their families elsewhere; they were not nearby to care for their elderly parents as had been the tradition in the past. Steady emigration sapped the life blood out of the hills.

But the demand for coal was escalating and, at the same time, the public outcry against the unsafe conditions in the mines intensified. Complying with safety standards was expensive, and the price per ton of coal rose accordingly. But there was a cheaper way to mine the coal: strip mining. The selling of land and mineral rights at the turn of the Century suddenly took on new meaning and importance in the everyday lives of the mountain people. The effects of stripping are complex, but basically, these things happened:

1. People whose ancestors had sold the land were told to move.
2. People who no longer owned their mineral rights found huge bulldozers on their property, ripping up pastureland and timberland and gardens to get at the coal. Even though a man owned his land, he lost control of it.
3. Landslides caused by the mining threatened their homes and destroyed more land.
4. Because of the loss of topsoil and vegetation the land could not hold water, and serious flooding occurred with each rainstorm.
5. Streams, wells, and springs were damaged by acid and mineral seepage and by heavy silting.
6. Deep mines closed because they could not compete with cheaper, stripped coal. More miners lost their jobs.

Economically, strip mining is highly profitable to the owners, but none of the profits remain in the area; they flow elsewhere, to New York and other far away places. In a five county area (Campbell, Morgan, Scott, Anderson and Claiborne) which supplies 80 percent of Tennessee's coal, 75 percent of the land

is owned by outside landholding companies. Eighty five percent of the coal wealth is controlled by fewer than 10 owners. Though rich in coal and timber reserves, the people in these few counties are among the poorest in the nation with a per capita income of less than half the national average.

The mountain man and his family were no longer self-sufficient. The economy was no longer stable. Powerful outside interests could control his environment. If the coal company wouldn't give up some of his land to put a manufacturing plant on it, there would be no new industry. Because these outside interests successfully avoided paying taxes on the mineral wealth, no tax money was returned to the county, so the county could not pay for needed services.

The quality and viability of the mountain man's life eroded along with the soil. And the agencies charged with bringing help to the area also became locked in political decision-making. Most of the money for projects went to "growth centers," like the county seat and larger towns, thus leaving out the rural areas.

Not just economically, but also politically, the areas have

been powerless. Only part of each county is in the mountainous, rural coal region, and county governments are effectively controlled by more concentrated, more powerful, town dwellers.

### CAMPBELL COUNTY

And so the scene is set. Factors leading to the problems are complex; solutions are difficult. Citizens have little control over the resources which should bring them relief. The Coalition's purpose is to stimulate the community so that it will eventually have a say in the development of alternative solutions and in the establishment of priorities.

### According to the East Tennessee Development District 1970

Health is one of the key issues. It is a basic need. Without good health people cannot tackle the other problems. It is also the issue which offers the least resistance. Few will argue against the right of everyone to good health. As the community becomes involved with its health services problems, it finds that the political, economic, environmental issues are all intertwined. You cannot pay for health care if you do not have a job and there are not enough jobs to go around. There will be no medical services programs if there are no tax dollars to support them. It does no good to learn about nutritious meal planning if you cannot afford to buy what is required and if your garden is flooded several

times each year because of excessive siltation caused by strip mining.

## CAMPBELL COUNTY

Stoney Fork, Habersham and Elk Valley are all located in Campbell County. The county as a whole is quite mountainous and is divided into segments by the mountain ridges running approximately from southwest to northeast.

According to the East Tennessee Development District 1970 Census Summary Report, Campbell County did not grow significantly during the 1960's. Population declined as people left the county because of the poor economic situation. Most of these people moved north to the ghetto areas of Cincinnati, Cleveland and Chicago. In 1970, unemployment was 8.9 percent. Underemployment (defined as working less than the equivalent of 40 full-time work weeks during the year) was 52.1 percent of the labor force.

The census figures show that Campbell County is behind in other ways, but the most interesting additional statistic for the

purposes of this project is that over one-fifth of the occupied housing units do not have a car available, and there is no mass transportation, making it difficult for many to seek medical care.

### Stoney Fork

The Stoney Fork Community is actually made up of a number of smaller communities ranging in size from 10 to 60 people. The smaller units had originally grown up around various deep mining operations and are known locally as Shea's Camp (or Clinchmore), Round Rock, Peewee Camp, Welsh's Camp and Beech Fork.

This area is in an isolated section of Campbell County, the nearest towns being 20-30 miles away on twisting gravel roads over Caryville Mountain. The driving time for those with a car is about an hour. As a matter of fact the roads are so treacherous that the TVA mobile health unit which travels with Health Fairs could not make one of the turns and had to be stationed several miles down the road at the school in Rosedale.

Some of the references to the Stoney Fork area in this re-

port use the name Beech Fork. It was not until the end of the summer at a meeting of the community that the name Stoney Fork was chosen for the health council. Since then, it has been referred to by the Coalition as Stoney Fork.

### Habersham

Habersham is located at the lower end of Clear Fork Valley, half-way between LaFollette and Jellico. It is the poorest section of the county, with 46 percent of the families in this area having incomes below the Social Security-established poverty levels in 1970. The unemployment rate was 14.2 percent; the under-employment rate was 63.0 percent.

Local communities served by the Health Fair in this area were Habersham, Jellico, LaFollette, Lick Creek, Stinking Creek, White Oak, Clairfield, Buffalo, Duff, Roses Creek and High Rock. Hospitals are located in both LaFollette and Jellico. The one in LaFollette, however, accepts only the patients of its participating doctors. The hospital in Jellico has had chronic personnel and financial difficulties. One by one, the three doctors serving the hospital disassociated themselves with it, and

the hospital finally closed. Only one of the doctors remains in the Jellico area.

A Health Fair had been held in Habersham in 1971, and a health council was formed at that time. The Coalition was asked to bring the Health Fair back again this year.

### Elk Valley

Elk Valley is long and narrow, reaching up toward Jellico. Most of the people have roots in the deep mine coal industry. When the mines shut down in the late 1950's and early 1960's the people turned to farming, and most of the land in this area is privately owned.

Forty-five percent of the families in Elk Valley were below the poverty level in 1970. The unemployment rate was 16.4 percent, and the under-employment rate was 66.1 percent.

People came to the Health Fair from the communities of Jellico, Sand Gap, Standfield, Newcomb, Terry Creek and Pioneer.

## MORGAN COUNTY

Petros is located in the eastern part of Morgan County. In this county, too, the population declined in the 1960's. Unemployment is high, particularly due to the fact that there are only 3 manufacturing firms in the county. In 1972, there was no practicing physician in Morgan County to serve the 14,000 people there.

### Petros

Petros is a small community (population 1,400) in the northeast portion of Morgan County. At one time a major coal mining community with several stores and a bank, Petros is now crippled by the decline of the deep mine coal industry. In 1890, Tennessee built a state prison in Petros, which up until mid-1972 employed 180 men, 40 of whom lived in Petros. Because of an attempt to form a guard's union, the Governor closed the prison permanently, again adding to the economic difficulties. Because of this, Petros might lose its Post Office and certainly will suffer a decline in population. But if the people leave, it is not because they want to. They will not be happy away from their families, the mountains, and their heritage.

Petros also suffers politically with the county, partly because of geography. It is on the other side of the mountain from Wartburg, the county seat. Wartburg has been designated a growth area, and because of this designation, State and Federal funds are concentrated there.

In order to adequately describe the summer activities of the project, it is important to distinguish among three separate groups of students: the medical team, the community workers and the special project workers. Each of these groups has a particular function to pursue, but must coordinate its efforts closely with the other groups.

The medical team is made up primarily of medical and nursing students. It is this group which travels around with the Health Fair. During the summer of 1972, there were 28 students working in this capacity. Their specific duties will be described more fully in a later section, but basically they were divided into two groups: the pediatric examiners and the adult examiners.

The community workers, on the other hand, were divided up among the four communities and remained in that community for the full summer. They functioned as the communication link between the community group and the other components of the project. More significantly, they tried to develop the interest of local citizens in looking at the needs of the community. For

### III. HEALTH FAIR, COMMUNITY WORKERS AND SPECIAL PROJECTS

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students were assigned to the four communities. and trained.

The special projects workers were stationed wherever they were needed. They focused on a particular issue or task designated by the community, and carried it through in conjunction with the community group.

Most of the students were from Vanderbilt's Schools of Medicine, Nursing, Law, Engineering, Management or the College of Arts and Sciences. The project was able, however, to recruit a number of people from other schools: Johns Hopkins University School of Medicine, Oberlin College, Washington University, Grinnel College and several nursing schools in New York City. A complete list of students participating in the project is presented on page iii. years. This loosely-knit group

## PREPARATION

Preparation for the summer is quite complex and time-consuming. It begins in September of the previous year and continues through the winter and spring. Supplies must be ordered, and contacts must be made with medical agencies, both public and

private. In addition, students must be recruited and trained.

One of the most difficult tasks is to decide which communities to visit during the summer. The Coalition generally does not bring a Health Fair to a community without a specific invitation from a local citizen group.

Sometimes the community group was originally formed for another purpose. Sometimes it was formed during the year for the specific purpose of having a Health Fair. In Petros, the host group was not a health council, but rather it was a P.T.A.-like group called the Petros Action Club. Stoney Fork, on the other hand, did not have an organized group previously, but several of the local people had heard about Health Fairs which had been held in Briceville in previous years. This loosely-knit group worked together with the Coalition representatives, talking about their health needs. Eventually, they requested that a Health Fair be held in the Stoney Fork area. Elk Valley was another area where there was no pre-existing organization. As a Health Fair had been held in Habersham the previous summer, that area already had an organization which was anxious to bring the Health Fair back again.

In 1971, the Health Fair visited nine communities. It was an exhausting experience. Long-term change in each community requires a concentrated effort. Nine communities were too many, so, the decision was made to visit fewer communities this year. The Coalition found itself in a position of having to decide which among several communities to work with this summer. The decision was based on many factors: Coalition funds, manpower, the time, availability of community services and community interests.

Extensive discussions were held with local people throughout the year so that each party understood what was expected. It was made clear from the beginning that the sponsoring group would assume an active role in the decision-making process. It assumed certain responsibilities, and acted as a resource for various necessary preparations in advance of the Health Fair. One of the biggest tasks for the community group was to find families willing to house the 20 or so students who come to the area with the Health Fair. As the summer approached, the communities of Stoney Fork, Habersham, Elk Valley and Petros were selected.

In addition to meetings with citizen groups, contacts were

made with the Tennessee Valley Authority, pharmaceutical companies, local doctors, county medical societies, health departments, agencies which might provide follow-up services and agencies which would do the laboratory tests.

The TVA is a particularly important component of the Health Fairs. Close communication is maintained throughout the year with Dr. James L. Craig, Director of Medical Relations, and with Dr. Edward W. Lusk, Dental and Community Relations Staff member. Mr. Jim Pulliam, also of TVA, was especially helpful with regard to the large mobile screening unit used for the Health Fair. He supervised the use of the mobile unit's equipment by medical team personnel and the work of the laboratory technicians assigned by TVA.

Representatives of the Coalition, primarily Mr. Joe Little, Project Director, and Dr. Tom John, Medical Coordinator, met numerous times with county and regional health department officials. Informal agreements were reached concerning the exchange of patient information, the availability of vaccines and other matters of mutual concern.

Dr. John personally visited every physician in the area of the project. He explained what the Health Fair would do and asked their advice concerning matters of follow-up. Some of the doctors preferred not to see any of the Health Fair patients who might need treatment. Those who agreed to participate in the follow-up procedure were given full information on the operation of the Health Fair and on the follow-up methods.

Additional arrangements for follow-up services were made with the University of Tennessee Hearing and Speech Clinic; Vanderbilt Hospital's Department of Pediatrics and Department of Cardiology; the East Tennessee Chest Disease Hospital in Knoxville; the Veterans Administration Hospital in Nashville; Daniel Arthur Rehabilitation Center in Oak Ridge, and Oak Ridge Community Mental Health Center.

Many physicians volunteered to spend time with the Health Fairs, and most were from Vanderbilt University Medical Center. These faculty members were on hand for varying lengths of time (2 days or longer) throughout the summer. Eighteen physicians served in this capacity; and in addition, four pediatricians were "loaned" by the U.S. Army at Fort Bragg, North Carolina. A list of these physicians is provided on page

## PARTICIPATING DOCTORS

### Full time:

J. Thomas John (Resident, Internal Medicine)

### Part time:

David Karzon (Chairman, Department of Pediatrics)

Lewis Lefkowitz (Associate Professor, Department of Preventive Medicine)

F. T. Billings (Associate Dean, Medical Center Development Programs)

Gottlieb Friesinger (Director, Division of Cardiology)

R. C. Hartmann (Chief, Division of Hematology)

Catherine Calloway (Resident, Medicine)

Al Kerns (Fellow, Hematology)

Dick Cross (Resident, Medicine)

Thomas Stempler (Resident, Medicine)

John Hollingfield (Fellow, Endocrinology)

Grafton Thurmond (Fellow, Medicine)

Bill Dow (Intern, Pediatrics)

## Participating Doctors (con't.)

### Fort Bragg Pediatricians:

Joe P. Moss, Jr.

Andre Vandersanden

Gene Inch

Garrett Bergman

The medical and nursing students have an additional opportunity to show their interest in the project. During the spring semester, a course is given called Pediatric Physical Diagnosis. The project relies on first and second year medical students, and second, third and fourth year nursing students to do the pediatric examinations. As they have not had substantive clinical training in their curriculum to prepare them for this role, the course is designed specifically to fill the need for that training. Sessions were held on a broad range of topics utilizing an instructional staff drawn from the faculty of the School of Medicine, School of Nursing and the housestaff at Vanderbilt University Hospital.

### Pediatric Physical Diagnosis

#### History-taking and Routine Measurements

Recruiting students was another big task. Vanderbilt University provided the most fertile source of personnel. There is no formal interview/selection process. If a student indicates interest, he is usually given a small job or project to carry out during the academic year. This method has proved quite successful in weeding out those who are actively interested from those who are not.

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#### Pediatric Physical Diagnosis

##### History-taking and Routine Measurements

The Head and Neck

The Chest and Heart Records

The Abdomen, Genitalia, Anus and Rectum

The Extremities, Muscles, Joints and Spine

Neurological Examination and Developmental Assessment

Technique of an Effective Examination and Laboratory Procedures

Immunizations and Skin Tests

Feeding and Nutrition

Communicable Diseases

Respiratory Diseases

GI Diseases

Genito-urinary Problems

Neurological Problems

Anemia, Rheumatic Fever, Allergy, Diabetes Mellitus,

Impetigo, Cellulitis

The adult examiners attended an informal course in the spring which was taught by Dr. Tom John. Dr. John was at that time a second year Resident in Internal Medicine, and also functioned as the Medical Coordinator for the Coalition. Additional training for the adult examiners took place during the first four

weeks of the summer, especially for those students who were not from Vanderbilt.

This section is not intended to be exhaustive. Many other tasks were performed in order to prepare the communities, the public agencies, and the local medical people for the coming of the Health Fair. It is important to add that every effort was made to inform and enlist the support of all parties.

### ORIENTATION

Orientation was held at Norris Dam State Park from June 6-10, 1972. These 5 days provided a good opportunity for the students to become better acquainted with each other before they scattered to the various communities. They learned more about their own jobs and also about what other groups would be doing.

This year great emphasis was placed on getting to know the people and institutions the students would need to work with during the project. As can be seen from the schedule on page 29, guests included representatives from the Public Health Departments, TVA, Public Welfare Departments, local health councils and cli-

# ORIENTATION SCHEDULE--RURAL HEALTH COALITION

June 6--10, 1972

June 6 Tuesday	8:00 p.m.	Welcome	Joe Little, Project Director
June 7 Wednesday	9:00 a.m.	Communities	Byrd Duncan
		History of SOCM	Heleny Cook
	10:00 a.m.	Mobile unit flow plan	Jim Pullium Phil Dutt
	11:00 a.m.	Mountain culture	Gary Lang
	2:00 p.m.	Daniel Arthur Re- habilitation Center Oak Ridge	Z.H. Brody, Director
	4:00 p.m.	Regional Mental Health Center Oak Ridge	John Byrne, M.D., Director
	7:30 p.m.	History of SHC	Bill Dow, M.D.
June 8 Thursday	9:00 a.m.	Pediatric and adult training	
		Community workers discussion with law students	Linda Hart
	11:00 a.m.	General medical situation	Martha Stucker, R.N.
	1:00 p.m.	Planned Parenthood Association of Anderson, Morgan Roane Counties	Staff members

Orientation Schedule  
(con't.)

June 8 Thursday	2:00 p. m.	Health Departments, Morgan, Campbell and Anderson Co.	Johnnie Malone, R.N., Supervising Nurse
	3:00 p. m.	Public Welfare Department, Morgan and Anderson Co.	Frank Mee, Director
June 9 Friday	9:00 a. m.	Films	Herb E. Smith, Appalshop Films, Whitesburg, Ky.
	10:30 a. m.	Pediatric and adult training	
		Community workers discussion with law students	Rae Ann Gasiorowski, R.N. Heleny Cook Jane Sampson
	6:30 p. m.	Films	Herb E. Smith
	8:00 p. m.	Economics of the area	Marie Cirillo
June 10	9:00 a. m.	Pediatric and adult training in TVA van	
		Community workers discussion	Heleny Cook Jane Sampson
	1:00 p. m.	Patient-doctor relationships Sources of referral	Leah Albers, R.N. Peggy Tagg

nics and community development groups, such as Save Our Cumberland Mountains and the Model Valley Community Development Council.

### SCHEDULE

This year for the first time each community had two Health Fairs during the summer. During the first visit, the pediatric examinations were done and the adult laboratory work was completed; then during the second visit several weeks later adult examinations could be done with the benefit of the laboratory results, and pediatric follow-up could be completed. The schedule is shown on pages 32 and 33.

There was some concern that the adults might not return a second time for examinations, thus rendering the new scheduling approach worthless. However, the return rate averaged 72.5%. In addition, a number of new patients turned up during the second visit. While the examiners did not have the advantage of the lab results for these new patients, the examination was still valuable.

# JUNE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
		ORIENTATION--NORRIS DAM-----				
11	12	13	14	15	16	17
		BEECH FORK--STONEY FORK SCHOOL-----				
18	19	20	21	22	23	24
		HABERSHAM-WINN HIGH SCHOOL-----				
25	26	27	28	29	30	
		ELK VALLEY--ELK VALLEY SCHOOL-----				

# JULY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Elk Valley
2	3	4	5	6	7	8
		PETROS--PETROS SCHOOL-----				
9	10	11	12	13	14	15
-----	-----	-----				

# JULY ADULT HISTORIES & PHYSICALS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9	10	11	12	13	14	15
				BEECH FORK--STONEY		
16	17	18	19	20	21	22
FORK SCHOOL-----				HABERSHAM--HABER-		
23	24	25	26	27	28	29
SHAM SCHOOL-----				ELK VALLEY--ELK		
30	31					
VALLEY SCHOOL-----		-----				

## AUGUST ADULT HISTORIES & PHYSICALS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Elk Valley	2	3 PETROS--PETROS	4	5
6 SCHOOL-----	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## AUGUST 9-28--FOLLOW-UP

## HEALTH FAIR

As explained before, the work of the project is divided among three groups of workers: the medical team, the community workers and the special projects workers. The Health Fair segment utilizes the medical team, and tasks were assigned according to its special functions.

The Medical Coordinator was in charge of making contact with various medical groups and doctors as discussed in the Preparation section. He also ordered the supplies and necessary charts. It was his responsibility to be certain that the follow-up procedures were adhered to.

Pediatric Examiners were nursing and medical students who have been specially trained to perform pediatric physical diagnosis under supervision.

Adult Examiners were second and third year medical students. During the first portion of the Health Fair, these students performed the adult lab tests; and during the second portion, they performed adult examinations under supervision.

Community people were hired to work in the Health Fair in each community. After some training by the examiners, these workers were able to complete a good portion of the preliminary screening. They were able to perform measurements, eye screening, blood pressure and urinalysis. Participating closely with the actual working of the Health Fair fosters an increased sense of responsibility on the part of the community people. Familiarity with these simple procedures and terms connected with them serves to heighten the awareness of the person regarding health matters in general. They become more interested and ask questions so that they can learn more. As the mystique of medical practice erodes, these people can think more easily about becoming partners with medical people to work for change.

The first stop encountered by the patients is the registration table. Here preliminary information is recorded; such as name, sex, age, telephone number, address and county. If the person has been to a Health Fair before, his folder is taken from the files. If not, he receives a new folder which he carries with him as he goes through. He is asked if he wishes his record to go to the county health department. If he has seen a doctor within the past five years, he is asked if he wants a copy of the records to

go to the doctor. Because these people are from quite isolated areas, the person is asked to provide directions for finding his house. The files are kept in order according to number, and a cross-reference index system is maintained by patient name. Adults are also given appointment slips for their return visit.

The next stop is for eye screening, height, weight and blood pressure. These functions are performed by trained community people. After this information has been recorded, patients are divided by age. Children through age 16 move to the pediatric examining room where a complete history is taken and the urinalysis done. The child is then examined by a pediatric examiner under the supervision of a physician. The hematocrit is done with results available before the child leaves, in case a preferral smear is indicated. If immunizations are necessary, the physician requests that it be done. Records of immunizations are kept for the Public Health Department and the project records.

Adults over 17 have urinalysis and VDRL tests. SMA<sub>12</sub>, SMA<sub>7</sub> and x-rays are done on the TVA van by technicians provided by TVA. X-rays were read by the Vanderbilt Department of Radiology. SMA<sub>7</sub>'s and SMA<sub>12</sub>'s were done by TVA. EKG's for the

men were done in the TVA van and in a separate examining room for the women. All EKG's were read by the Department of Cardiology at Vanderbilt.

The adult examinations were done on the Health Fair's return visit to the community. PAP smears for all consenting women were forwarded to the Cancer Cytology Laboratory at Vanderbilt for the results.

At the end of the first four weeks, when the Health Fair was ready to return to each community for the adult examinations, nursing students were sent to each of the communities to supervise the follow-up of the pediatric cases. They were also able to do some follow-up of adult emergency cases which had been seen during the early weeks. They made home visits to everyone they had seen.

Follow-up was one of the functions the project wanted to emphasize this year. Letters were sent to everyone who was a patient and to parents of the children who were seen. Letters also went to the personal physician, where there was one; to the health department; and to the clinic, where there was one.

COM A thank-you letter was sent to every patient thanking him for coming to the Health Fair, and where there was no problem, the letter stated that all tests were normal. For those who had no serious problems but who needed to be reminded of some particular aspect of health care, a postscript was added to the "normal" form letter. These letters were signed by the examiners.

Where there were abnormal findings, the letter was written so as to address the particular problem of the patient. The wording and content of the letter was approved by the attending physician. This kind of letter had to be signed by the attending physician and the examiner. In cases where the patient could not read, a personal visit was made by a nursing student or a community worker. Where referrals and follow-up were required, the Coalition workers helped the patient decide where to go, how to pay for it, etc. In every case, the students tried to assure that adequate follow-up was done. Even if a patient's lab tests from the first visit indicated some abnormality and the patient did not come back for an examination, the students would try to find the patient and explain to him the importance of coming in for an examination.

## COMMUNITY WORKERS

The community worker performs a very important function in the project. He provides continuity between the Health Fair and the community when the Health Fair is not in the community. He must work closely with the host community group to make preparations for the Health Fair and to develop the interest of the sponsoring group in long term solutions for its problems. By inviting the Health Fair to come into a community, the sponsoring group must accept certain responsibilities for the Health Fair. Preparations must be made; such as arranging for electricity, water and telephone hook-up; arranging transportation to and from the site for those with no car; finding families who are willing to have Health Fair personnel stay with them; planning for meals at the Health Fair; and developing a large-scale publicity effort in advance of the Health Fair. In these preparations, the community worker must be careful not to make the decisions and develop the plans for the host group; rather, he assists the sponsoring group in whatever way he can.

After the Health Fair has left, the community worker must play an active role in the follow-up procedures. He can arrange

appointments with referral agencies, and if necessary, provide transportation.

A number of specific requests were received from particular communities. The most important function of the community worker is in the area of developing the citizen group. This is particularly important in communities where the group is not health oriented, as in Petros. The successful community group will be able to focus on particular issues, develop specific goals, and gather additional support in the community. The community worker should be able to catalize that effort and help the citizens to delineate alternative recommendations for pursuing its goals. This can be a long and frustrating process, usually over a period of more than one year.

As the citizen group develops, the community worker can help it to make contacts with local, regional and state agencies to request services it perceives are needed. At this point, the community may see other needs aside from health goals; such as a voice in revenue sharing allocations, environmental issues, and community economic development. When the community group gets to this point, the community worker is no longer needed. The community can now request other kinds of services from the Rural Student Health Coalition, perhaps in the form of a special project.

## SPECIAL PROJECTS

A number of specific requests were received from particular communities. These requests were developed into studies or projects, and Student Health Coalition personnel were assigned to complete these tasks.

The requests did not necessarily come from communities which hosted Health Fairs during the summer. Health Fairs may have been held in these communities in the past, however, and the community is now able to look toward solving some of its other problems.

Day Care Pilot Program. The Model Valley Health Council asked the Coalition to help establish a day care project. The program was designed to operate centers in three communities: Hamblintown, Roses Creek and White Oak. In planning for these centers, community interest and participation was generated among parents who could bring their children and among others who would be able to work in the centers.

At first, the centers operated on a limited basis:

Hamblintown: 3 afternoons a week of recreation for older children; 2 afternoons a week of day care for younger children

Roses Creek: 3 mornings a week of recreation for older children; 2 mornings a week of day care for younger children

White Oak: 5 days a week of day care

These centers were operated in people's homes, and a publicity campaign was launched in the local papers, through a newsletter and on the radio.

The pilot project was highly successful. It incorporated as Mountain Community Child Development, Inc. One of the centers has found a permanent home in a spare room of the Wynn-Habersham Clinic. It operates part-time throughout the year as a day care center for preschool children. The White Oak and Roses Creek groups are looking for a trailer to house their centers. However, the most serious weakness of the program is the lack of long-term funding.

Water Quality Study. One student was assigned to this pro-

ject. He tested water samples for bacterial content as well as for high mineral content caused by strip mining.

Wynn-Habersham Clinic. A fourth year engineering student worked with the Wynn-Habersham Health Council to develop their plans for a new clinic. He helped them make contacts for donated items, and then helped with the actual building of it. The clinic opened for business in the early spring of 1973.

Pallet Factory Project. The only industry in Model Valley prior to the opening of the pallet factory was strip mining. After trying unsuccessfully to attract industry on its own terms (i. e., eventual controlling interest owned by the community), the Model Valley Economic Development Corporation decided to start its own industry, Cumberland Pallet, Inc., which began operations in July 1971.

It was quite a struggle; they had the necessary technical knowledge but no background in management techniques and very little operating capital. A student from the Vanderbilt Graduate School of Management was given the task of improving the firm's financial structure. A more effective costing formula was devel-

oped which allows the factory to see more clearly its profit and loss picture. Sales and profit margins went up, and the factory was beginning to see its way out of the financial crisis. The report of this project is presented as Appendix

Appalshop Evaluation Film. In the belief that media other than the printed word may be highly successful in telling the story of the Student Health Coalition and in the evaluation of its project, the Coalition contracted with Appalachian Film Workshop (called Appalshop) to produce a 15-minute videotape of the project. The theme was to convey the spirit of the Health Fair and would point out some of the problems associated with it.

Appalshop was chosen because it was a local group with a good reputation. It had produced a number of good tapes on a variety of subjects; i. e., teenagers, the UMW, and hogbutchering. The results of this project, however, were quite disappointing. The videotape did not arrive until January, and it was of poor quality. Much of the good footage had been cut due to technical error. At that time we notified Appalshop that the videotape in its delivered form was of no use to us.

After discussion among Coalition participants, it was decided that more was at stake than the delivery of a video tape. Appalshop, although a young group, was an important effort by mountain people to re-discover and evaluate their cultural heritage. In consideration of the work they had done for the Coalition, and the work they were doing for the community, the Coalition requested only that 1/2 the downpayment made upon signing the contract be returned. Appalshop agreed to this arrangement.

The Legal Project. Of the special projects of the Coalition, the legal project is probably the most ambitious. For the East Tennessee communities which have invited the students into their midst, many of the "health needs" of the people are not met by "medical care." In addition, access to governmental institutions can be difficult and just plain confusing. There is a need to develop communication and organization within communities so that they can approach public agencies with some hope of success.

As part of the effort to develop community interest and capabilities as well as to assist the "medical care" function of the Health Fairs, five Vanderbilt University law students worked in five separate communities during the summer. Three of these

communities were sites of Health Fairs, while the two remaining were areas where Health Fairs had been held in the past.

As a complement to the Health Fairs, one of the roles of the law student was to develop a working knowledge of government benefit programs; i. e., Black Lung, Social Security, Veterans benefits, welfare regulations, etc. With this information at hand, they could then work with local people who either felt they were eligible but for some reason were not receiving benefits or who were found to have a medical problem needing attention, and needed to find if they were eligible for any of these programs.

Black Lung benefits are probably the most important and present the greatest difficulties to many of the retired coal miners residing in the area. The Black Lung program, in existence since 1969, was designed to operate as a workmen's compensation program to compensate coal miners who have been disabled or otherwise incapacitated by pneumoconiosis, commonly known as "Black Lung." Because coal mining has long been the dominant industry in the five county area, "Black Lung" is widespread. Although some of its victims are young, most of the sufferers are forty years old or older and have generally worked in the mines 10

years or more. The most common complaints of applicants for Black Lung benefits are two: first, they rarely feel that the program is fairly administered by the Social Security Administration; and second, they have no one to whom they can turn for advice, as most of the lawyers in the area do not want to be bothered with Black Lung claims. Thus, the legal project was undertaken to advise applicants about the procedures and rights available to them under the Black Lung program and, when appropriate, urge them to attend meetings of the local Black Lung Association. The Black Lung Association is a loosely organized group of people who all share the common trait of suffering from black lung and of being in the process of applying for benefits. With the aid of a resource person, they teach themselves the rights and benefits under the law and thereafter counsel other people who attend their meetings. Many of the people advised by the law projects were eventually referred to Black Lung Associations for follow-up. In one community, there were enough people concerned about the Black Lung program to support the creation of a local BLA which attracted over 100 people to its first meeting.

The other focus of the legal project was in the area of "community problems." As the students became better acquainted

with community people, they learned about some of the other problems of the community, not necessarily related to health. These were long-standing difficulties which had frustrated community people for years, but over which they felt they had little control. The students found themselves confronted with a broad spectrum of problems to work on. The assistance given to local communities ranged from helping health councils compose their charters and by-laws for the purpose of incorporation to drafting complaints to local government agencies regarding water pollution. After being told by a number of local citizens that one of the dirt roads in the area was poorly maintained, one student helped the citizens mount a sustained drive to push the county road commissioner to repair the road which he had ignored for several years.

Because of the wide variety of problems and the amount of time it usually takes for various agencies to take action, it became apparent that a more sustained effort was required. The Coalition began to consider the possibility of hiring a full time attorney who would live and work in the area. Two were selected, both recent graduates of Vanderbilt's School of Law and both had worked in the project during the summer. John Kennedy began working in September 1972 and was especially interested in helping local citi-

zens form Black Lung Associations. John Williams was hired in March 1973 by means of a project grant from the Center for Health Services. He handles all of the cases for Save Our Cumberland Mountains, and most of the needs of the health councils.

mination is trying to find long term solutions to its problems. With this concept in mind, what comes after the Health Fair is especially important. This section takes a look at each community and the progress it made during the rest of the program year.

#### STONEY FORK

After the Health Fair had left Stoney Fork, the community workers, Beth Chatam and John Cooway, planned a community meeting to evaluate the Health Fair. Two points were emphasized: the actual running of the Health Fair and possible long term effects on the community.

The community workers were less than optimistic as the previous community meeting, one in which a P. T. A. was to be organized two years earlier, had drawn a total of 2 people. Certainly everyone was astonished when 65 persons attended this Health Fair meeting. The general conclusions were (a) the Health

#### IV. THE COMMUNITIES AFTER THE HEALTH FAIR

As mentioned earlier, the success of the project can be viewed primarily in terms of the community's interest and determination in trying to find long term solutions to its problems. With this concept in mind, what comes after the Health Fair is especially important. This section takes a look at each community and the progress it made during the rest of the program year.

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Fair had been good and the workers were kind and cheerful and knew what they were doing, and (b) the community needed something long term that might alleviate their two main problems: transportation and inability to be seen by a physician once they got to a larger town. That evening they decided to meet once every month and to form a health council with elected officers. The council would be open to anyone from the area.

The next meeting saw the newly formed Stoney Fork Health Council get to concrete plans. First, the Council organized an emergency transportation system. Many families in the Stoney Fork area do not have cars, and some older folks cannot drive over the mountains to good roads. Thirteen people who do have cars volunteered to drive people to the LaFollette Hospital (1 hour away) in case of an emergency. Those who worked would drive at night; the unemployed would drive during the day. The Council would pay for the gas, if necessary, and the list of names and numbers was posted in stores and churches in the area. At the time when this report is being written nine months later, the transportation system is still in effect.

The second transaction at this meeting was to ask the Student

Health Coalition if they would return for another Health Fair in the summer of 1973. It was felt that planning for this would keep local interest high while the officers would be doing a lot of "uninteresting" groundwork for long-term facilities. We agreed to return in 1973 provided that funds were sufficient for us to operate during that summer. Also, the Health Council decided to become chartered and incorporated as a non-profit organization. These arrangements were being handled through John Kennedy, a Coalition lawyer.

During the next few months regular meetings were held and plans for future long-term care were discussed. It was generally agreed upon that a full-time doctor was out of the question. The possibility of a part-time nurse with a doctor covering her medically and visiting one day every week or every other week was discussed. After looking over the situation with the People's Health Council, Inc. at Briceville, the Stoney Fork group decided to ask TVA for a mobile medical trailer similar to the one at Briceville. After assessing the needs and after several visits to the area by Dr. Ed Lusk, TVA medical division, TVA decided to loan the medical unit to Stoney Fork for an indefinite period of time.

In late December the unit was carefully hauled over the mountainous roads with a minimal amount of damage and was set in place next to the Beech Fork Baptist Church. This location was chosen for several reasons: a) it is near the center of the community, b) the ground drains well, and c) there is an outdoor electric light nearby to discourage vandalism.

Over the next four months the members of the Council devoted their time to raising dollars and to preparing the trailer for operations. On February 12th there was a church service at Benton Chapel at Vanderbilt which raised several hundred dollars. In Stoney Fork on March 23rd, a gospel singing was held and it drew an amazing crowd of more than 500 and raised \$1,000 toward the Health Center. Meanwhile, the Council members had been busy digging a well, laying water lines, digging cesspools, and hooking up electricity. By the middle of April, the unit was ready for operation and the Coalition moved in a variety of supplies which they had accumulated.

Also, the Campbell County Health Department provided immunizations, TVA found a surplus dental chair, and a group of physician's wives in Oak Ridge contributed 200 pounds of drugs.

Realizing that still the most acute problem was staffing the Health Center, the Council approached Dr. Tom John, a third year resident at Vanderbilt. Dr. John agreed to come every other week, and began operation of the clinic on April 17, 1973. While school was in session Dr. John was assisted by volunteer nursing students, family nurse clinician students, and medical students. The Health Council offered Sue Carlson (B.A. Nursing, '73 from Vanderbilt) a full-time job in Stoney Fork. Ms. Carlson accepted, and her salary (\$75/week) is being shared by the Stoney Fork Health Council and the Coalition.

By the end of May, the Health Council and Ms. Carlson had made arrangements for the Health Fair for one week in June and one week in July. They were also beginning to tackle the most perplexing problem which was: "Where do we find a physician when Dr. John goes into the service in the fall?"

### HABERSHAM

The Wynn-Habersham Health Council had been formed one year prior to our 1972 Health Fair. The community had family feuds going back many generations, and unfortunately the Health

Council was not able to cross these lines. Several families felt they were being left out of the planning, and others wanted no part of it. The core group stuck together and went ahead with plans for a health center-community building.

Land was donated and Project Concern contributed money and recruited volunteers from several cities including Memphis, Oklahoma City, and Cleveland. A Vanderbilt engineering school graduate, Gary Lang, designed the building and was supervisor of construction. While the Health Fair was going on in late June, ground was broken for the building, and construction proceeded rapidly. Some of the material was donated, some was obtained at cut-rate prices, and the total cost of the 40' x 60' concrete block building was approximately \$12,000. The Campaign for Human Development and the Coalition (through New World Foundation money) contributed some of the funds. During the fall, work on the building was intermittent as community squabbles would temporarily halt construction. Finally, the structure was completed in early spring.

The Health Council hired Rae Ann Gasiorowski, formerly a nurse at the Jellico Hospital. Ms. Gasiorowski then went for six

months to Indiana University Nurse Clinician School and returned in May. The Health Center opened in early May with Dr. Walker from United Health Services coming on an irregular basis. The main community room has been turned into a day care center with 10-12 children in attendance daily. This is a branch of the Mountain Community Child Development, Inc.

Again, the most pressing question is that of long-term physician coverage.

#### ELK VALLEY

Despite a good Health Fair turnout and community enthusiasm, there were no long-term plans made in Elk Valley. There was some community interest during the fall, but the main problem was that no community leaders emerged to direct the situation. It is difficult to assess the reasons for this. Probably some of the blame lies in the Coalition community workers who did not appear to know as much of the community as they should have. Also, the community itself had no previous organization and had very little real community feeling. The people were warm and open towards the Health Fair, and after follow-up was completed noth-

ing further developed in Elk Valley. We still keep periodic personal contacts with several of the families there, but prospects of a community health program seem dim.

## PETROS

Two community workers and one law student spent the summer in Petros working with the community in preparation for and follow-up of the Health Fair. During the first visit we saw approximately 750 people and on the return visit one month later 400 adults returned for physicals and an additional 60 children were seen. A number of specific problems were diagnosed, and most of the necessary referrals were made to the Oak Ridge physicians and Vanderbilt Medical Center.

Immediately following the Health Fair a sizable number of people joined to form the Petros Health Council. A nine member Board of Directors was formed and three officers elected. The group was chartered in the State of Tennessee and obtained non-profit tax exempt status. The membership is open to any resident of Petros or the surrounding area. This group decided that initially they would try to raise funds for operation. It was hoped

that the PHC could eventually operate a system of primary care somewhat similar to that in Briceville, i. e. a nurse in a clinic<sup>9</sup> several days per week with a doctor providing full time coverage in absentia and direct service occasionally.

Hart Obtaining funds became the most difficult task and, because of the lack of monetary wealth in Petros, the PHC tried to use local initiative and hard work to pull in funding from outside of the community. Initially, there were rummage sales in both Petros and Oak Ridge. Then there was a large Thanksgiving turkey dinner at the Petros school with most of the supplies being donated by Oak Ridge and Oliver Springs merchants. Movies were shown at the school, and in January a Gospel Sing at the school netted \$400. In February, the PHC joined with the Stoney Fork Health Council and the New River Boys to hold an Appalachian Weekend on campus at Vanderbilt. The New River Boys, a local bluegrass group from Stoney Fork and Petros, performed before two standing-room-only audiences at a campus coffeehouse. The PHC sold quilts and other home-made items and baked goods. On Sunday morning, the weekend was closed out with a gospel sing in the campus chapel. The Petros Health Council netted \$1,000 and much publicity from the weekend. By early spring these endeavors

had raised about \$4,000.

All during this time the PHC, mostly through the dedication of Secretary Kate Bradley, had been making themselves known both locally and nationally. Ms. Bradley, her husband, and Bob Hartmann, new Director of the Coalition, were on local radio shows, Oak Ridge television, and in several newspapers in East Tennessee. WDCN-TV in Nashville journeyed to Petros to film a 5-minute segment for the nationally televised "Patients Without Doctors," shown in late March. Following this the Petros Health Council received donations by mail from places such as New York, Indiana, Ohio and Florida.

The Health Council decided to try to buy a small 1/3 acre plot of land in the middle of town. This land was owned by the railroad and, as of the beginning of the summer, the railroad company had agreed to sell Petros the land. The price had not yet been set. Petros was working with the SHC and Gary Lang, an engineer, to find a Vanderbilt engineering student to supervise construction of a small clinic-community center. In late May, Randy Hodges (a third year engineering student) was hired for that job.

In early spring PHC members appeared before the Morgan County Court and asked for \$5,000 in revenue sharing funds to help in building and operating the clinic. The County Court approved this, but when Kate Bradley and John Williams (a lawyer for the Center for Health Services at Vanderbilt) appeared before the judge to collect the check, the judge refused, giving PHC a series of requirements which had to be met first (i.e. letters from the Tennessee Attorney General, the Governor's office, etc.). Petros fulfilled these requirements, but the judge still refused to sign over the funds. At the beginning of the summer, the status of the revenue sharing check was still uncertain. This is part of the general harassment that the people of Petros feel has been coming from the county seat for years.

The PHC asked the Rural Student Health Coalition if we would hold another Health Fair in Petros during the summer of 1973. Realizing that Petros would be at a somewhat critical stage in regard to having an impetus to keep community enthusiasm high, we agreed. Of course, we also realized that the medical advantages would be less as far as picking up new diseases, but we could provide a bit of continuity from one year to the next. Also, a broad data base would be established for the future clinic. Health Fair dates were set in mid-June and late July.

## V. SUMMARY

This was a year of consolidation for the Student Health Coalition. The three previous summer projects had experimented with various configurations of students and program components. And this year several fundamental decisions were made about the focus and purpose of the project.

In 1971, the Health Fair employed over 90 students and travelled to nine communities. At that time, the medical screening portion was emphasized. The objective was to discover medical problems and encourage the patient to seek treatment. Many of the students felt this approach was unfair to the communities. Follow-up was spotty and inadequate. There was little communication between the communities and the students during the school year, and few long-range changes were effected or even planned.

The students gradually realized that the most important contribution they could make lay in the area of community development and not in the area of treating sore throats. The medical unit was still a vital component and it, too, was improved for the 1972 project. Strengthening the community development portion of the pro-

ject took several forms. Because the students were "spread thin" through nine communities, resulting in few successful health councils, it was decided to visit only four communities in 1972. Hopefully, by concentrating efforts, more concrete changes would evolve, thus leaving each community with a sense of involvement and accomplishment rather than simply frustration. Communities would be chosen carefully with the probability of forming a viable health council as one of the crucial criteria.

Recognition of the fact that long-range solutions to health problems are inextricably tied to other facets of community life led to a renewed awareness of the importance of the special projects. And not only should the special projects focus on subjects which would be of direct value and use to the community, but an effort should be made to transfer some of the knowledge of how to do the research and where to find the information to community people. If they are to develop their own objectives and follow through on them, they must know how to do it. Special projects carried out in communities where Health Fairs were held in the past are also a way of keeping in touch with those communities and giving them continued support.

As mentioned previously, the medical unit also underwent changes in order to become more effective. The schedule was planned so that adult examinations could be done after the lab results had been received. So, for the first time, the Health Fair went twice to each community. The first time the children were given physical examinations and the adults were given laboratory tests. On the return visit the pediatric follow-up was done and the adults were given physical examinations. Most of the adult examiners stayed an extra week or two to assure that adult follow-up was done.

Follow-up is another area which was improved this year. Every patient received a letter thanking him for coming and explaining the results of the tests and examination. Where the patient had a doctor, a copy was sent to him and copies went to the Department of Public Health. Careful thought was given to each case by the examiner and the physician in attendance to what should be done about a particular problem and where it should be referred.

In line with the feeling that delivery of primary care should be as personalized as possible, the examiners tried to take more time with each patient explaining what was being done and why.

The students were in a position to educate the patient about his health and were encouraged to do this.

A concerted effort was made to enlist the support of the health-related agencies and physicians in the area. Personal visits were made to each one to encourage them to cooperate and participate. The mistrust on the part of some of the local physicians and public officials subsided considerably.

All in all, it was a successful year. Strong bonds were made between the students and the community. The students learned, the community learned and the university learned. As planning began for 1973, the project people felt they had found their direction and sharpened their focus.

It is difficult to discuss the medical aspect of the Student Health Coalition as an isolated project since it cannot be viewed accurately without the legal and community aspects.

The adult physical examination was part of a complete health screening which included complete blood chemistry and hematology, T.B. skin testing, EKG, and chest film. The Student-Health Coalition provided a means for screening large numbers of people, many of whom had no access to medical facilities. It is probably a legitimate argument that a

#### MEDICAL WORKERS

physical examination performed by first and second year medical students is not especially good. However, we provided a unique service to these people because we took the time to listen to their medical problems and tried to give them an understanding of their health problems. It often required 15 to 20 minutes to convince a woman to have her first Pap test. This is a service that the local doctors do not have time to perform. One of my biggest criticisms of the project is that we were often too rushed to be able to perform this service adequately. I would also recommend having a minimum of 2 full time physicians available for consultation. Tom John did a super human job last summer but could not be available to eight examiners at once. I believe that for the

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The adult physical examination was part of a complete health screening which included complete blood chemistry and hematology, T.B. skin testing, EKG, and chest film. The Student Health Coalition provided a means for screening large numbers of people, many of whom had no access to medical facilities. It is probably a legitimate argument that a physical examination performed by first and second year medical students is not especially good. However, we provided a unique service to these people because we took the time to listen to their medical problems and tried to give them an understanding of their health problems. It often required 15 to 20 minutes to convince a woman to have her first Pap test. This is a service that the local doctors do not have time to perform. One of my biggest criticisms of the project is that we were often too rushed to be able to perform this service adequately. I would also recommend having a minimum of 2 full time physicians available for consultation. Tom John did a super human job last summer but could not be available to eight examiners at once. I believe that for the

first time in the history of the Student Health Coalition we did an adequate job of follow-up. Personal letters were written to each patient and his physician when a significant medical problem was discovered. Of course, we were left with the problem of what to do when the patient had no doctor or had a disease which required constant medical surveillance, but this was probably the main reason for going to this area-- to try and help the local communities to help themselves in getting good year-round medical service.

In a sense the health fair was only a means to an end. It provided the spark to get community people excited about the health problems in their area. For the first time many people realized that they have as much right to good health as a well-to-do person from Oak Ridge or Knoxville. This is probably the only justification we have for being in this area since unless there is an adequate year-round health care delivery program, the health screening is practically useless. Just how much success will come out of last summers work remains to be seen. Beech Fork and Petros are probably well on their way to achieving a permanent clinic. Habersham was already building a clinic and for this reason I do not believe we should have gone into this community. Elk Valley will probably not organize a health council and in that respect could

be considered a partial failure. I do believe that health fairs are a good approach to organizing a community.

However, in a community that already has an established clinic, a health fair is not the best way to help that community.

Not to be underestimated is the educational value of working on the Student Health Coalition Rural Project. For me, I was exposed to primary medical care for the first time in my medical education. I also believe that we will all be better doctors, nurses, and lawyers by working with the mountain people.

It is difficult and unfair to establish such brief contacts with people. I hope we can move to an idea of sending several community workers, nurses, med students, and a lawyer, totalling 6-10, into one community, and let them try to work and concentrate on that community. I think this plan would be exciting, and successful if there was a compatible group of people in each town.

One complaint which many adult examiners had was one of no definite authority or decision making apparatus. I think that in the future, that SHC interpersonal relations will be improved if those who have responsibilities have the power and support to get things done; if someone like Rick Cooper doesn't get support from the top, his job is even harder, etc.

In evaluating the work of adult examiners, I would say that each one without a doubt learned a great deal and gained much experience not available in Medical School, both as examiners and as technicians. Also, we were much more closely involved in followup than ever before.

However, I was very disappointed that most of us never got into a close relationship with communities; I think the fact that we rarely were able to stay with families, and the fact that adult examiners were so overloaded the last 4 weeks, were largely responsible.

My major dislike of the mobile unit is that it makes it difficult and unfair to establish such brief contacts with people; I hope we can move to an idea of sending several community workers, nurses, med students, and a lawyer, totalling 6-10, into one community, and let them try to work and concentrate on that community. I think this plan would be exciting, and successful if there was a compatible group of people in each town.

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In line with this, I think the absence of weekend get-togethers was responsible for poor communication and much antagonism. Some argue that they need to get away from those they work with, but I think that if people spend their free time together, it will be easier for them to work together, too.

I hope the SHC will plan to meet every other weekend or so, making sure everyone understands this early.

I think we should branch out in our hiring. I think it is ridiculous to require an interview and/or a visit to East Tennessee. We hired many young people sight unseen who turned out to work at least as well as ones we had interviewed carefully. Don't restrict the payroll to Vanderbilt students. The only reservation should be in hiring friends of SHC members, who occasionally abuse this advantage by not working too hard.

I felt that my experience with the Student Health Coalition this summer was a most worthwhile one from my own perspective, but I saw a number of questions raised.

First of all, there is the whole question of values. I seriously wonder whether we could comprehend their middle class notions and this might involve efforts on our part which might be insulting to them. I was tempted afterward to advocate a system of training of local people for some of these things, as in the Chinese concept of barefoot doctors. On the other hand, when you resort to local people you also have the question of the quality of local standards.

Values themselves arise out of emotions or feelings, and this brings up another question. There we were, confronted with real poverty instead of poverty in the abstract sense. And many of the elite, well-to-do who fill our professional schools have grown up in our university system in a time when there has been a retreat into romanticism, a glorification of the virtues of poverty and other such things. The other side of the coin, however, is the side of them we can't identify with. For this we have all the distancing mechanisms of the profession plus others we invent as needed in order to be with "those" people. We can look at such things as the entertainment value of the health fairs. You remember that in the

conquest of the New World the Spanish were so pleased that the natives were becoming good Catholics and going to mass and all that. Well, they later learned that the natives were only amusing themselves with the whole show. Another thing, used especially toward Blacks in other situations I have seen, is the concept of them as "childlike"; we can cop out easily by dismissing them in this way. They don't care, so why should we care. I think that for people who undertake this responsibility it ought to be understood that there is a whole realm of values which exist independently of ourselves and that the important thing is that you must do your damned best to help them regardless of how you feel about them.

As regards the long term aspect of the project, I wonder whether there were not many hopes raised which will not be fulfilled. I thought the community was correct in its skepticism. After all, can they really trust us when we can always get out of the situation. We have a whole ongoing life in Nashville with strong ties here. We have our past to fall back on because for most of us it is a comfortable, secure world. We can leave when we become confused and tired.

The best thing I can think of in my contact with the people I met is that for maybe one or two of them I might have provided a model to expand their horizon and give them

some notion of a role they might play in a world larger than their own. Continuous contact throughout the entire summer would have been more helpful in this regard.

For myself, I believe I took more from this experience than I gave. Certainly the patients in the hospital beds look different to me this fall. I feel closer to them and sense more acutely how much they must be overwhelmed by the hospital and its impersonality. However, I am not in general much of a person to become politically involved. I am rather a private person, not given to causes, who sees responsibility as a very difficult question. I will continue to carry with me the anger aroused by this experience--anger at the system we have in medicine whereby rich people get all the benefits and make many demands while poor people are those at whom we look to see the advanced stages of pathology.

Scientific American (August, 1972) which will substantiate these claims.

I feel that the SHC Health Fairs gave the community people someone to talk to who would listen and try to help. The number of referrals to various clinics I believe show the importance of the help actually rendered. I believe also that the extensiveness of the physical examination and lab work would not be equalled except by a hospital.

This was my first summer with the Vanderbilt Student Health Coalition. I acted as supply manager and kept the files and registration in order. Thinking back over the summer, I have both good and bad thoughts.

The things we did for the people of the communities are hard to evaluate as to how much good we did. The health fairs gave people an opportunity to receive free and personalized medical care. Both these aspects are the most important part of the service we gave. Health care, not only in the mountains but also in the urban areas, has become impersonal and expensive. The more money you are willing to spend the more personal the service becomes. This should not be the case.

Impersonal medicine leads to bad medical care. The patient is not satisfied and may not follow the prescribed treatment. There has been a study made on patient-doctor contact reported recently in Scientific American (August, 1972) which will substantiate these claims.

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As for the students, I believe that this summer is an experience with people that they will never forget. Living with, talking to these gentle, sincere, loving people is an experience I'll never regret. One cannot tell about what happened or how it happened, one has to experience this for themselves.

"What good do you do?" you say. Well, we gave physicals to people who hadn't seen a doctor in years except for colds. We gave personalized service. We acted as a mediator between the patients and the services on our referrals to heart and hearing and speech clinics. We showed that adequate medical care can be given with the right personnel in the right places. But most of all, I feel, we gave of ourselves; to help, to listen, to advise, or just friendship. We gave and we took and I believe every one involved is more healthy after this summer.

We arrived in Petros June 12th, having visited there three times during orientation; once for a meeting with the county School Superintendent, the second time for a cookout, and the third for church. We were fortunate to be the last stop of the Health Fair, having twenty days to prepare for the mobile unit.

By talking with people we found out as much as we could about the history of the town. We tried to get involved in as many of the community's activities as possible; visiting different churches, working with the youth, and sitting in on county government meetings such as the Rural Development Council. We met the county agent, county judge, welfare officials and public health personnel.

#### COMMUNITY WORKERS

Having been there a few days we called a meeting at the school to explain to people more about what the Coalition was, when the mobile unit was coming through, and ask what times they would like it open since they knew the work shift patterns of the town. We said we would need places for the Coalition to stay, people from the community who would do such things as dip-stick urinalysis, height and weight, blood pressure and eye tests. For each worker, the organization that had invited us would be paid \$75.00 a week into its treasury to use as they saw fit. In Petros the organization was the Petros Action Club, which is their non-nationally-affiliated equivalent of a PIA.

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Then we began personally to advertise the Health Fair by going door to door, getting acquainted with people, explaining what it

was, and asking them to come. In this we were helped very much by their knowing about the Health Fair held the previous year in Rosedale. Many had gone or heard good reports about it. We had some leaflets with the dates and times printed, and some boys from the town took one to each house.

After we had covered most of Petros, we visited nearby communities and then put signs in most of the stores in the county. We wrote articles for the county newspaper and arranged for announcements of the Fair to be broadcast over the county's radio station. In all of this we met good cooperation, part of which may have been influenced by the fact that county elections were to be held in August.

The first Health Fair, July 5-11, was a crowded success. The hiring of community people worked very well. It involved more local people and they appreciated the money to their organization. The Coalition was made welcome and a party and a picnic were given for us.

Having the Health Fair return in August gave the community something to prepare for and us a chance to initiate interest in a Health Council. But then the prison, the town's only source of work and income, closed July 20th with a guard strike and an evacuation of the prisoners and much of the interest in the Health Fair.

This limited our activities, but most people expected the prison to reopen eventually, so preparation for the return of the Fair got under way; this time most of it handled by the townspeople themselves. Many people who had previously been feuding were beginning to work together effectively. The pediatric nurses arrived which was very helpful since we had no medical training.

The second Health Fair, August 3-8, plus two extra days, was also heavily attended, and the people were very understanding, having sometimes to wait four or five hours for a physical, but all said it was the best examination they had ever had. During this time we had been trying to explain to people what a Health Council was by giving examples of what had been done in other places, and once we took a small group to a community whose Health Council had gotten a clinic. While trying to arouse interest we tried hard not to build hopes that would be easily broken, and pointed out difficulties involved in such undertakings.

It was now mid-August and we would soon be leaving. One of the hardest things to realize and accept, is that you are just there for a summer and you can only initiate interest and thinking. A meeting was held August 17th to ask people what they thought about the Health Fair, how it could have been improved, and hopefully start them thinking about a Health Council.

The people thought the Health Fair was about the best thing that ever happened in Petros, and said they liked the personnel. They did wish we had had more people so there would not have been such long waits in line, and they hoped we would come back next summer. They set a date for another meeting. We left the next day.

Since then they have held several meetings. They have formed a Health Council and have started raising money. They attend meetings of the Morgan County Health Council which was revitalized after the Health Fair. Now they have to struggle with the county and with the problems of getting money, then a clinic, a nurse, and doctor.

have common characteristics. They are all, for example, geographically isolated. Not only are the roads few in number and in a state of disrepair, but transportation itself is at a premium for many residents. Furthermore the nearest towns, Petros to the south and Lake City to the north, are approximately twenty to thirty miles away, respectively.

Secondly, unemployment in the area is very high. Those jobs that are available, primarily coal-related jobs on the railroads and truck lines, have low wage scales. As might be expected, poverty in the Beech Fork area is severe and extensive, with most incomes originating in pensions, welfare, and social security.

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## I. The Community

In some ways the use of the name Beech Fork to indicate a cohesive and singular community is misleading. The general area called Beech Fork is actually a loose grouping of several smaller communities that in many respects can be viewed as independent social and economic units. Most of these communities were originally based on various coal mining operations, and vary significantly in population from ten to sixty, totaling about 250 to 300 residents. These smaller units include Shea's Camp (or Clinchmore), Round Rock, Peewee Camp, Welsh's Camp, and Beech Fork.

While these sub-communities within Beech Fork are largely autonomous, they nevertheless are confronted by similar problems and have common characteristics. They are all, for example, geographically isolated. Not only are the roads few in number and in a state of disrepair, but transportation itself is at a premium for many residents. Furthermore the nearest towns, Petros to the south and Lake City to the north, are approximately twenty to thirty miles away, respectively.

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The third major problem facing Beech Fork is alcoholism. While alcoholism is confined to a specific and readily identifiable segment of the local population, its effect on the community is

magnified when those dependent on the affected individuals are taken into account. This disease is responsible for a drain of human and financial resources that the area can ill-afford. Although Campbell County is "dry", local boot-legging operations have assured that the availability of liquor has not been compromised.

## II. The Organizational Approach

The two major obstacles that had to be faced in organizing the Beech Fork area for a health fair, and, later, for a permanent health council were time and the failure of previous organizational efforts.

Our lack of time in preparing for the health fair was, from the first, our most pressing concern. It was necessary to both inform area residents of the health fair and to convince them to participate, and to provide auxiliary services for the medical personnel, such as cooking and lodging in a period of about three weeks. This work was facilitated by the SHC's effort the previous summer in New River. Several people from Beech Fork had heard about New River's health fair and were favorably impressed. These residents served as our first contacts, providing general information and introductions. To spread the word about the health fairs, we relied on door-to-door canvassing and later, when time was running out, on hand-bills signs, and radio announcements.

The second major problem we faced was the previous persistent failure of efforts at community organization. As we learned from the local school principal, only two general meetings had been called

in recent years; one to start a Boy Scout troop, and the other to form a P.T.A. chapter, the former attracted no one, the latter only two parents. We found, however, that our effort had two advantages over previous ones. On the one hand we had the opportunity to personally visit almost everyone in Beech Fork. By such visits we were able to establish a one-to-one relationship with community people, and to express to them our sincerity and determination in doing something about the health care problems in Beech Fork. On the other hand, by restricting our activity to medical problems, and avoiding such issues as local politics and strip-mining, we were able to establish a broad base of community support. The seriousness of the health situation in the area, unlike other social issues, was obvious, immediate, and had a basic unifying effect on people of the area. Furthermore, since this was the first credible effort toward ameliorating this problem, its very novelty generated significant interest throughout Beech Fork.

### III. The Projects's Results

The results of the SHC's work in the Beech Fork area must be evaluated on two levels. First, in terms of the medical examinations offered during the health fair and the follow-up attention given immediately thereafter, and secondly in terms of providing more permanent answers to the medical problems of the community.

While the number of people attending the Beech Fork health fair was small in relation to the turn out at the other three community projects this summer, the 175 or so who did participate represented

a large segment of the area's population. Moreover, since attendance from communities other than Beech Fork was marginal, this figure was particularly impressive.

The follow-up attention given medical problems that were discovered during the health fair cannot be judged as successful as the preparation for and execution of the health fair itself. While this follow-up attention was both more thorough and more effective than that in previous years, numerous instances still arose when for different, though primarily economic, reasons appropriate remedial avenues proved unavailable.

While the benefits to the Beech Fork area of the health fair and subsequent follow-up work are indisputable, their effect is short-lived. More than a temporary or interim program is necessary. For this reason we felt that any efforts that we could make toward organizing a permanent body of community residents to deal with their own medical problems would be worthwhile. We also felt that the sooner something of this nature got started, the better. Thus, a health council organizational meeting was called immediately following the first round of the health fair. The meeting was disappointing, for although those attending were enthusiastic about starting a group, the number was only about ten. Those ten, however, expressed the feeling that better results would be achieved if another meeting were called after the second round of the health fair. By then, they said, residents would have a better chance to become involved in the project themselves and to formulate a realistic assessment of the potential viability of a permanent health council.

Such a meeting was called and given substantial preparation and publicity. Not only did the turn-out exceed all expectations numerically, with over sixty people attending, but those who came constituted a cross-section of the community. The most important business that was transacted at this time was an election of officers.

At the following two meetings the council assumed a cogent organization form and indicated certain directions in which it wished to move. The membership was reduced to an eager and hard-working group of about thirty to forty, a name chosen (Stony Fork Health Council), and the procedure initiated to acquire a state charter. Later, three committees were formed to deal with publicity, finances, and, more importantly, emergency transportation for the seriously ill. And finally, the council was able to arrange regularly scheduled access to the Briceville Health Clinic for Beech Fork area residents.

The summer of 1972, my second year with the Vanderbilt Student Health Coalition, was in general, a very rewarding one, not only for myself, but also for the communities of Stinking Creek, Habersham, Duff and surrounding communities in the north-central area of Campbell County. The dream of many for a new health center is now a reality.

The Wynn-Habersham Health Council and many community people have worked hard and persistently at raising money for a health clinic for the past two years. I have been closely involved with them for a little less than a year.

#### SPECIAL PROJECT WORKERS

With the aid of several doctors and nurses in Knoxville and Oak Ridge I drew up the plans for the building. I was honored to be the director of the building project. The 8-room building is now near completion. We have strong hopes that it will be in operation before January of 1973 and providing health care to the 1,500 people that the clinic will serve.

Nothing worthwhile was ever easily achieved. The new health clinic is no exception. There were many personal problems and disagreements among the people in the communities; many of them were grudges that grew from incidents which occurred long before health care delivery was ever discussed in the communities. This brought on many a frustrating moment, especially for someone caught in the middle of the arguments and not having his roots in the area long

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enough to understand either "side" fully. Even with the frustrations and aggravations, the fact that a new 28x50 foot health facility now stands in the community, built by the community, is reward enough. The day that the first patient sets foot through the door will be the true fruits of our labors.

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### Housing

I have continued my work on rural housing, but I have not devoted the time to it that I would have liked to.

In the spring of 1971, Mrs. Stephen Lewis (the former Jan Hartnett) and I researched into problems in rural housing. That summer we organized a group of interested citizens in Campbell and Claiborne County into the White Oak Non-profit Housing Association. The group's function would be to continue some of our work on "packaging" housing loans, ie. informing people who are in need of housing or housing repairs, the proper channels to go through to apply for government loans and helping them go through those channels, filling out the proper forms, etc.. These loans come through the Farmers Home Administration, a branch of the Department of Agriculture that is terribly understaffed and not always sympathetic to the needs of the people in the mountains and hollows of our rural counties. These loans are sometimes given to the low-income families but never to the poor—

the ones who are in most need of adequate housing.

Seeing the "packaging" idea as only a stop-gap measure of helping to solve the rural housing problem, I felt that a different course of action was necessary.

Government Loans are the only answer to housing needs in a high-risk area such as this. Federal guidelines, the way they now exist, do little to solve the housing need simply because they help a select few. The people in greatest need of housing could not afford to pay for a house that meets with all of the Federal Dwelling Specifications. Hence, no Federal Loan and the ones in greatest need again do without.

Briefly, adequate housing can be provided at a little more than half the cost of today's "F.H.A." house and be within the financial means of the poor. This would require a change in the existing Dwelling Specifications.

This is the avenue of research that my work on rural housing has taken. I have presented the above ideas, in greater detail, to several people and organizations. The Housing Assistance Council, a multi-million dollar non-profit housing corporation in Washington D.C., has spoken favorably about the possibility of making out a no-interest "high risk" loan to put up a half dozen to a dozen houses of this type. I spent a day with one of their supervisors, Mr. Bill Powers when he flew down to look our housing situation over last Spring. We have kept up some communication.

He is interested in this concept and a model of which I have made a rough design. I believe he is genuinely concerned and in the position to be of assistance. I am hopeful that plans can become more finalized this fall.

Since my activity with Clairfield Pallet, Inc., is best understood in relation to the larger Clairfield scene, I am attaching a copy of an article which appeared in a recent issue of Mountain Life and Work.<sup>\*</sup> To date, the Model Valley Economic Development Corporation (its legal name) has engaged itself in a number of activities, including a clean-up campaign, vocational training, and plans for co-operative housing, water and sewage, and a town square / shopping center project. Its most important activity so far, however, has been to provide the stimulus and nature of the Clairfield pallet factory.

Clairfield Pallet, Inc., began its operations in July, 1971, with two major handicaps. First, production began while the company was still in a state of undercapitalization: approximately \$7,000 short of its initial estimated needs. This resulted in the factory's attempting to operate with virtually no working capital. Secondly, the management, although capable, was inexperienced, and had to learn almost the entire business from scratch. Because of these two handicaps, the company lost more money than was anticipated at the outset, and after six months, was in danger of going bankrupt.

In January, 1972, an economist was brought in (a PhD candidate in developmental economics from the University of Wisconsin)

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to help pinpoint the difficulties. After making improvements in the bookkeeping procedures, a series of costing techniques was devised to enable the factory to keep accurate control of its costs. Production methods were streamlined, re-examined and streamlined again.

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to help pinpoint the difficulties. After making improvements in the bookkeeping procedures, a series of costing techniques was devised to enable the factory to keep accurate control of its costs. Production methods were streamlined, re-examined and streamlined again, in an effort to improve efficiency. The management constantly became more skilled, not only in production, but also in marketing. Sales began taking a marked upswing, but the problems associated with the lack of working capital remained.

Beginning in June, 1972, and working through to the end of August, I tried to provide the services of a "management consultant" for the pallet factory. Although there were many problems which needed to be identified, described and attacked in the areas of production, personnel, organizational structure, etc., the critical lack of working capital dictated my primary attention to finance, and secondly, to marketing.

Unfortunately, I have neither the background nor aptitude to be a good financial consultant. Nevertheless, being the only one available, I attempted to educate the management in the rudimentary notions of financial planning and control, while at the same time producing a viable financial projection in the effort to secure a working capital loan. This projection underwent several revisions during the summer, and is now in the hands of the Small Business Administration. Hopefully, we will hear of their decision regarding our loan request in the near future. I would stress, however, my desire to do such work together with the actual managers of the factory, since

they are the ones who ultimately determine the policies of the factory. In this respect, I view my role primarily as educator, not technician.

While we were plodding through the difficulties of financial planning and control, the managers and I were able to design and carry through to victory an effort in marketing which can be termed revolutionary. A product-line profitability analysis demonstrated that the factory was losing money on nearly 1/3 of its entire sales volume. We could not survive if this ~~was~~ permitted to continue, and our choices were (1) replace the losing orders with more profitable ones gradually, or (2) replace them immediately. We chose the second course, risking the loss of fully 1/3 of our sales volume in the attempt. (This is what managers call an "entrepreneurial risk!") Fortunately, after a brief period of near-standstill, we were able to renegotiate all of these orders at prices which provided us with a satisfactory profit margin (i.e., ranging from 5% to 12%). The sales manager and I made several trips together, learning from each other, and the groundwork was laid for future expansion of our market area.

Clairfield Pallet, Inc., is now at a critical juncture in its history. The management has gained a great deal of experience, and sales are expanding. Still, the lack of working capital not only prohibits the firm from getting out of debt and preparing for the winter, but also prohibits the company from accepting some profitable orders because of insufficient cash to buy lumber. Perhaps another

would have taken much less time than I did in preparing the financial analyses, and perhaps the S.B.A. loan would have thus been approved by now. Still, we did manage to fight and win some victories for humanity. If time permits, we can do much more.

limited by the short time most of the students spent there and by limited funds for resources. Moreover I don't know exactly how to define success when the group is a loosely-knit organization of law students working within a framework that they themselves set up to respond to the needs of the area in which they work. The primary goals should be: 1. to aid organized groups of mountain citizens gain decision-making power over their own lives; and 2. to help individuals solve whatever legal problems that the students are qualified to handle, or help them get to someone who can handle their legal needs. Cases which the students work on fall primarily along the line of Social Security, Black Lung and welfare. These two objectives fit in as an important part of the Student Health Coalition's medical aims by trying to see that people receive more money in their pockets in the hope that it will help them care for their health needs.

There is also a third possible gain; one that is strictly a by-product of the first two. It lies in exposing law students to the area and letting them see for themselves the problems

The law project for the summer of 1972 may be called a qualified success. Of course the objectives were necessarily limited by the short time most of the students spent there and by limited funds for resources. Moreover I don't know exactly how to define success when the group is a loosely-knit organization of law students working within a framework that they themselves set up to respond to the needs of the area in which they work. The primary goals should be: 1. to aid organized groups of mountain citizens gain decision-making power over their own lives; and 2. to help individuals solve whatever legal problems that the students are qualified to handle, or help them get to someone who can handle their legal needs. Cases which the students work on fall primarily along the line of Social Security, Black Lung and welfare. These two objectives fit in as an important part of the Student Health Coalition's medical aims by trying to see that people receive more money in their pockets in the hope that it will help them care for their health needs.

There is also a third possible gain; one that is strictly a by-product of the first two. It lies in exposing law students to the area and letting them see for themselves the problems

and potential of the counties in which they are located. Hopefully some few of them may become interested enough to continue serving people there in whatever manner they can. These three goals are all part of a larger aim of bringing resources to people in the mountainous region of East Tennessee to support them in attacking problems of their home towns and hollows and develop the area in ways that the people themselves choose. Those of us who have spent some time up here generally feel that it is better to help each community grow as it sees fit instead of developing master plans at some urban center and imposing them upon people who have spent their lives in the mountains.

As far as the law project for the summer of 1972 is concerned, we had two spring graduates of Vanderbilt Law School and three who are still students, one now in his third year and two second year students. The other graduate and I spent the largest part of the first half of the summer preparing for and taking the Tennessee Bar Examination, so, in effect, we only worked about half a day until late in July when we finished the Bar. However that handicap has been somewhat offset by the greater length of time we have both spent here due to the fact that we didn't have to return to school in September. John Williams leaves for the Army in the middle of October and has expressed strong interest in returning here after his three

month hitch is up. I am staying at least through next June and probably longer. Each of the three students, Cliff Love, Russ Overby and Irwin Venick is continuing to perform various services for the communities in which they lived.

I won't attempt to recount the work of each student here, in fact I don't know everything that each of them did, and I don't believe that it is necessary for me to review all of their work. In my opinion the most important aspect of a project such as ours is to hire people who have the ability for and interest in this type of work, familiarize them with the problems they will likely face along with possible solutions. In fact it would be impossible for anyone other than a full-time administrator to closely follow the work of five law students, and in a project no larger than this, paying such an administrator would be a waste of money that could be better spent buying supplies or paying community personnel to help with the health fairs. However, I do think a more comprehensive and detailed law student orientation is within our reach, also more meetings between students during the summer to discuss their individual work and to offer help to each other on knotty problems. Anyone who is in charge of setting up the program must always remember that while there will be many similarities between different towns, there will also be different needs

that the law students can help meet. There in some instances the students will be left up to their own devices, with whatever help they can obtain. It should be pointed out that this forced self-reliance has great educational value.

In regards to the first objective, two health councils, Stoney Fork and Petros needed charters, by-laws plus application for tax exemption. We were able to handle those problems, although the tax questions will take longer to resolve. Also the students in Petros and Stoney Fork, by their presence and interest, actually functioned at times as community organizers by helping the health fairs be successful and supporting the local people who were actively behind the idea of a health council.

As I know that many people were at the least advised of their rights either individually or through such groups as the LaFollete and Petros Black Lung associations; and some others were brought in contact with attorneys to handle cases which were beyond the reach of law students; I felt that the legal part of the project was reasonably successful and worthwhile. But I recognize as well as anyone that this summer project does not meet all of the legal needs of the area. A legal aid office, staffed fulltime is desperately needed. Particularly helpful would be an arrangement whereby individual cases and

law reform cases in which some of the plaintiffs may earn more than \$3,000.00 could be handled by the same office. John Williams and I spent a great deal of time in the summer and early fall working toward that end. While this was not the time when the U.T. Legal Clinic, Appalachian Research and Defense Fund or OEO could expand, we were able to establish constructive relations with the first two groups. Each of them is within three hours driving distance from any point in the five counties: Anderson, Morgan, Scott, Cambell, and Clairborne. Both have offered and given greatly helpful support and resources for the work we are doing. Hopefully the law project will make it easier for one of these established groups to expand its activities into the five counties whenever they are able to do so.

(3) I analyzed the new federal Black Lung Law and wrote an extensive legal memorandum on the basic points of the law, all of which required about three days. This was distributed in the middle of June for the use of all the law students.

(4) I spent a lot of time helping John Cavents on his study of the American Association Ltd. This included visits to the co-tenants in several counties and countless hours talking to bureaucrats. We hope this information can be used to build a community group in Model Valley and can be of use to lawyers in some lawsuits that American.

I don't feel that I'm qualified to comment on the work of the medical unit, except that it seemed to be running smoothly during the times that I was at the health fairs (which was only at Elk Valley and Petros). Thus I will confine my comments to the legal arm of the Health Coalition.

My work included the following:

(1) I advised a few persons on legal problems, mostly dealing with welfare or black lung, and helped put others in touch with lawyers who could give them the type of advice they needed. I met these persons through the health fair or through Jane Sampson.

(2) I worked with the Wynn-Habersham Health Council in rewriting their by-laws. This required numerous meetings and a little legal research. Gary Lang put me in touch with them.

(3) I analyzed the new federal Black Lung Law and wrote an extensive legal memorandum on the basic points of the law, all of which required about three days. This was distributed in the middle of June for the use of all the law students.

(4) I spent a lot of time helping John Gaventa on his study of the American Association Ltd. This included visits to the courthouses in several counties and countless hours talking to bureaucrats. We hope this information can be used to build a community group in Model Valley and can be of use to lawyers in some lawsuits against American.

(5) Along with John Gaventa, I did the bulk of the work on the Property Tax case, which was just filed before the State Board of Tax Equalization by Gilbert Merritt, Nashville lawyer. Mr. Merritt let me draft the legal papers and just looked them over before filing them.

(6) I was working throughout the summer on various channels through which we might get funds for a community law office in the area. We approached several foundations, OEO Legal Services, Appalred, and the Knoxville Legal Aid Clinic.

(7) I have been working recently with Dean Rivkin, a lawyer from Appalred, who has just filed a lawsuit against TVA on behalf of SOCM, challenging TVA's right to accept coal carried in overweight trucks.

(8) Throughout the summer I worked very closely with Jane and Heleny and J. W. on SOCM matters. In a sense I was their legal staff, and so I did whatever legal research arose on problems of interest to the group.

#### Evaluation of the Legal Arm of the Health Coalition:

Law students working with the Student Health Coalition don't perform the same function they would perform if they were working in a law office. In a law office they would primarily do legal research in law books and draft legal papers. With the

Student Health Coalition the law students' primary job is to talk to people and give them advice on their legal problems.

(Parenthetically, I should point out that actually it is illegal for law students to give legal advice to anyone unless they are under the active supervision of a lawyer. So far, no one has challenged us, but there is always that possibility.)

There are inherent limitations on the law students' work. They cannot take cases to court, they have very poor facilities for legal research, and they are in the mountains for only two or three months. Thus their role is necessarily more that of a sophisticated community worker.

My assessment is borne out by the work of the law students last summer. Irwin Venick's main accomplishment in Petros was to get the Petros Black Lung Association started. Russ Overbey's work consisted chiefly of trying to fight the county bureaucracy to get the roads fixed in Beech Fork and of trying to get the Health Council organized. Cliff Love gave legal advice to some people in the Valley and to the pallet factory personnel, but accomplished little on either score. John Kennedy was a general handyman. And I spent most of my summer trying to use the law as an organizing tool for SOCM and in the Valley.

Because law students are really community organizers, they are useful but not essential. Their work could be performed as

well by non-law students, such as community workers.

Also, I believe that law students are subject to the charge that they raise the people's hopes in the summer, only to dash these hopes in the fall. The legal system works very slowly, and it often takes quite a while to resolve a legal problem. Thus, since law students are in the mountains for only a summer, they cannot usually resolve legal problems completely and simply leave people more frustrated than ever. They are also unable to follow through readily on groups they may start, such as the Petros Black Lung Association and the Beech Fork Health Council.

Here is what I would recommend as the role for law students next summer:

(1) If a community law office has been established, law students hired by the Health Coalition should be assigned to that office, to do legal research, draft legal papers, and advise clients.

(2) If a community law office has not been established, law students should be assigned to help Greg O'Connor at White Oak and Clairfield, where he now spends two days a week running a legal aid office. At least one law student should spend his entire time at the health fairs, so that there will always be a law student available there.

(3) As I mentioned earlier, community workers can do most of the work done by law students. It might be more useful to hire more community workers, who could concentrate mainly on organizing people around issues of concern to their community, rather than hiring law students to give a little legal advice here and there.

My basic point is this -- what this area needs most is lawyers, not part-time law students. If there is extra money to hire law students, they should be hired with the realization that they will be doing mostly community organizing, not legal work. If there is a law office established by next summer, this role might change, but otherwise the situation will be about the same as this summer. The decision of whether this is a wise expenditure of money is up to the directors of the Health Coalition.

6. Local Research  
I did several days worth of research on remedies for damages due to strip mining operations.
7. Making a Little Legal Team
8. Bringing Law to a Local Paralegal
9. Welfare and Social Security Counselling
10. American Association Project
11. Sanitation in Blinking Creek  
Some local leaders asked me to look into this question. I found that they had been misinformed and had been listening to too many rumors. Campbell County had planned to set out one hundred dumpster dumpsters throughout the county. When they were out, fortbcooding the local people got upset. I found that there had been a strike in Knoxville at the dumpster plant and that was the reason for the delay. It took a little while to find that out!

1. Marketing Mountain Crafts

I have been engaged since August 23, 1972 in locating markets and selling articles for the Model Valley Mountain Crafts group from Eagen, Tenn. I have set up tentative markets in Knoxville, Oneida, Oak Ridge, and Nashville. I plan to try Atlanta also in the next few weeks. I have on consignment from the crafts group merchandise totalling nearly \$1,000 in wholesale value.

2. Black Lung Counselling

I worked once a week at White Oak Clinic with Greg O'Connor, a Knoxville lawyer specifically interested in black lung law. I also did counselling by myself. Mary Herr, Greg and I discussed and formulated plans for a legal aid office in the Valley.

3. Incorporation of a Local Health Council

I typed up a charter and designation of registered agent form and attended meetings of the Elk Valley Health Council. I instructed community leaders in the various legal aspects of their venture.

4. Federal Income Tax Exemption for Local Health Council

With the aid of Gary Lang and Mary Herr I am trying to do what it has taken White Oak Clinic two years to do without success. WOC has a Knoxville corporate attorney working on their exemption, but an attorney needs to be physically present for a long period of time to get all the details necessary for the exemption.

5. First Preference in Government Contracts for Local Timber Industry

I arranged for the Labor Department to declare Clairfield Pallet in a "labor surplus area" which entitles them to the first preference. I have helped in the preparation and delivery of bids on contracts.

6. Legal Research

I did several day worth of research on remedies for damages due to strip mining operations.

7. Coaching a Little League Team

8. Teaching Law to a Local Paralegal

9. Welfare and Social Security Counselling

10. American Association Project

11. Sanitation in Stinking Creek

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I found the members of the mobile unit and the community workers very willing and able to assist me in my tasks this past summer. I did a good amount of work with them, too. Contrary to some letters in the Hustler that have been appearing recently, I believe that the summer's work of the coalition was a success. Whether we ought to go back to the same or different communities with the same or different programs is another question. I would suggest that no one should be hired for work in the coalition unless the person is personally interviewed. No one should start work without a fairly intensive study of the different mountain cultures and mores. We ought to be damned sure of whether a community wants anybody at all before we send anybody there. We ought to be damned sure what specific talents are requested, and then try to send people with those talents. All these suggestions were grossly abused by the leaders of the coalition last summer.

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Rural student

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MAR 16 '09	JUN 10 2011	12/12/11	
JUN 01 '09	JUN 11 2011	MAR 15 2012	
JUN 02 '09	<del>JUN 13 2011</del>	MAR 24 2012	
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Rural student health coalition:  
Project Community Outreach IV,  
June 1, 1972-May 31, 1973.

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APR 05 1977	White men 15 '77
JAN 19 1978	VE JAN 10 '78 MCS
4-15-81	Labatt - TSM
JUL 7 '81	Renewed RBrown
MAR 3 '81	11 RB
SEP 1 '81	REC'D APR 13 1982
MAR 1 '82	J. Owens - 324 Light
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	REC'D APR 13 1982
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